

The Convergence of National Quality Standards Medicaid Managed Care in Virginia

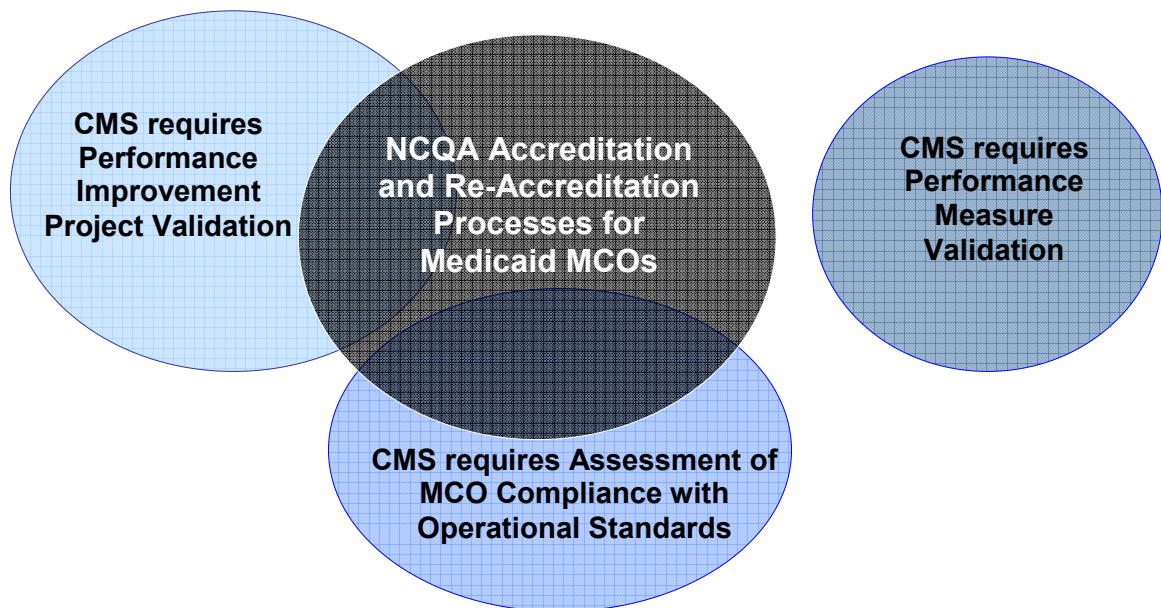
The Department of Medical Assistance Services (DMAS) has quality requirements of Medicaid Managed Care Organizations (MCOs) that *far exceed* the minimum external quality review requirements set forth by the Centers for Medicare & Medicaid Services (CMS) for all states. In addition to meeting CMS quality requirements, all Medicaid MCOs are required by DMAS to achieve and maintain accreditation through the National Committee for Quality Assurance (NCQA), which administers a rigorous and on-going performance based accreditation process. This forward-thinking requirement is shared by only six other states. The convergence of the NCQA-accreditation process and the CMS-mandated external quality review activities is partially duplicative when followed. CMS recognizes the benefits when Medicaid MCOs achieve accreditation through a nationally recognized entity, such as NCQA, and permits states to deem CMS quality requirements as being met, if they duplicate NCQA requirements.

There are three CMS-mandated external quality review activities that states must provide through an external quality review organization (EQRO). Specifically, an EQRO performs:

- 1) Validation of a sample of each MCO's performance measures - annually
- 2) Validation of two or more performance improvement projects for each MCO - annually
- 3) Comprehensive review of MCO compliance with federal and state operational standards – once every three years

The diagram below demonstrates that by achieving and maintaining NCQA accreditation, a significant portion of two of the CMS-mandated activities are deemed as duplicative and, therefore, are met.

CMS Mandated External Quality Review Activities Partially Overlap with NCQA Accreditation Processes



DMAS requires all Medicaid MCOs to be NCQA accredited and has adopted the efficiency of deeming duplicative CMS-requirements as being met.*

*This fact sheet is intended to be used for informational purposes only and should not be interpreted as DMAS policy. For details and clarification on quality requirements, please contact a representative of Medicaid Managed Care Operations.